

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-025347

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 275 Primary Registration District No. 3053 Registrar's No. 147

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

VS 300
Rev. 4/59

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
INSTEAD OF

ITEM NO.

SHOULD READ

DOCUMENT

BY AFFIDAVIT OF

1 0817

2 0810

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4 0

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9 9792X

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11

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13 1-0

USE BLACK INK
OR

TYPEWRITER RIBBON

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY Phelps		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Phelps	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Rolla		c. CITY OR TOWN Rolla	Inside Limits Yes <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Phelps County Memorial Hospital		d. STREET ADDRESS Highway 66 East	Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First FRANK Middle JAMES Last FORE		4. DATE OF DEATH Month June Day 19 Year 1963	
5. SEX Male	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 6/13/91
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Motel Operator		10b. KIND OF BUSINESS OR INDUSTRY Fore Motel	11. BIRTHPLACE (City and state or country) Vida, Missouri
13a. FATHER'S NAME Melvin Fore		13b. MOTHER'S MAIDEN NAME Mary Arthur	14. NAME OF HUSBAND OR WIFE Alice Fore
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of serv) No		16. SOCIAL SECURITY NO. [redacted]	17. INFORMANT Address Mrs. Alice Fore Rt. 4 Rolla, Mo.
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Uremia DUE TO (b) Pause undetermined DUE TO (c) [redacted] Conditions, if any, which gave rise to above cause (a), stating the underlying, cause last.			INTERVAL BETWEEN ONSET AND DEATH 1 Month
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) old C.V.A. Congestive Heart Failure Acute			PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour [redacted] a.m. [redacted] p.m. Month, Day, Year	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION COUNTY [redacted] STATE [redacted]
21. I attended the deceased from Jan 1962 to June 19, 1963 last saw him alive on June 17, 1963 Death occurred at 1:20 P.M. of the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE [Signature] (Degree or title)		22b. ADDRESS Rolla Mo	22c. DATE SIGNED 6/21/63 (State)
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE June 23, 1963	23c. NAME OF CEMETERY OR CREMATORY Pilot Knob Cemetery	23d. LOCATION (City, town, or county) Vida, Missouri
24. FUNERAL DIRECTOR Null & Son Funeral Home BY Paul E. Null		25. DATE RECD. BY LOCAL REG. June 23, 1963	26. REGISTRAR'S SIGNATURE Nadene L. Stoll

(Licensed Embalmer - Statement on Reverse Side)

JUL 9 1961

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed _____

Paul E. Hull

Licensed Embalmer No. 4498

P. O. Address _____

Rolla, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.

Paul E. Hull